

WIC Program Referral Form

(Infants & Children up to age 5) Rev. 9/15

Please enter below all the data available. This will expedite the establishment of an appointment for determining WIC program eligibility.

A. Applicant's Name: _____ **Date of birth:** _____ **Date of referral to WIC** _____

Person making referral: _____

B. Screening Data:

INFANTS & CHILDREN (measurements and lab test data must be no more than 60 days old at the time of the eligibility screening)

Date of measurements:	Height/length in inches (no shoes):	Weight in pounds & ounces (diaper off):		Date test done:	Hgb. or Hct.:
Infant Birth weight:	Infant Birth length:	Breast feeding now? YES NO		Was infant or child ever breast fed? Yes/No How long?	

C. Diagnosed Nutrition Related Problems (check all that apply):

- ☐ Anemia
- ☐ Nutrient deficiency disease (specify) _____
- ☐ Gastrointestinal disorder (specify) _____
- ☐ Diabetes mellitus
- ☐ Gestational diabetes
- ☐ Thyroid disorder (specify) _____
- ☐ Chronic hypertension
- ☐ Renal disease (specify) _____
- ☐ Cancer (specify) _____
- ☐ CNS disorder (specify) _____
- ☐ Genetic or congenital disorders (specify) _____
- ☐ HIV or AIDS
- ☐ Recent major surgery (specify) _____
- ☐ Food allergy (specify) _____
- ☐ Lactose intolerance
- ☐ Premature birth (specify) _____
- ☐ Low birth weight (2,500 gm or 5 pounds 8 ounces or less)
- ☐ Small for gestational age (<10th percentile)
- ☐ Short stature (<5th percentile)
- ☐ Underweight (<5th percentile)
- ☐ Small head circumference (< 5th percentile)
- ☐ Overweight for age or height (>90th percentile)
- ☐ Slow growth (<3rd percentile)
- ☐ Failure to thrive
- ☐ Hypoglycemia
- ☐ Lead poisoning
- ☐ Pica (specify) _____
- ☐ Child of mentally retarded parent
- ☐ Child abuse or neglect victim
- ☐ Prescribed medication (specify) _____
- ☐ Other nutrition related health problems (specify) _____

COMMENTS:

Signature of diagnosing medical professional (x)

Date: _____

WIC REFERRAL FORM INSTRUCTIONS

(Infant's and Children's referral forms)

SECTION A: Enter the information requested to identify the person being referred to the WIC program and information concerning where the referral is coming from.

SECTION B: Any values or lab test results that are current (within 60 days before the eligibility determination appointment) and related to the person's nutritional health will be helpful in determining the referred person's eligibility for WIC. Hematocrit and/or Hemoglobin values may be required for eligibility determination and can't be determined on the day of the eligibility screening appointment for children under 2 years old. Therefore, their inclusion, if available and timely, will expedite the eligibility screening process.

SECTION C: Indicate any diagnosed nutrition related problems that the WIC applicant may have which will contribute to the eligibility determination and for which our WIC Registered Nutrition staff can assist through individual counseling.

SIGNATURE OF REFERRING MEDICAL PROFESSIONAL:

The Medical Professional's signature validates the lab test data, diagnoses, and anthropometric measurements reported. None of the medical information or data entered is valid unless this section is signed by a medical professional. NOTE: A referral may be made by a non-medical professional without any medical data or report may be attached to the referral form. Call the nearest WIC site

Mangilao	735-7183/80/81	FAX: 734-1414
Dededo	635-7473/71/72	FAX: 635-7476
Tiyan	475-0294/95/96	FAX: 477-7949
Santa Rita	565-3537	FAX: 565-3536
Inarajan	828-7550	FAX: None at this time

or the WIC Nutrition Service Coordinator at 475-0288 if you have any questions.